

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

LABOR CODE §4906(g) STATEMENT

Employee Name: Jonathan Shockley

Employer Name: Cardionet LLC

Case No/Date of Injury: 6/25/18-2/15/19 CT

I/We the undersigned swear under the penalty of perjury that:

1. I/We have not, to the best of their information and belief, violated California Labor Code § 139.3, and,
2. I/We have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation related to this matter.

Before signing this form, you should be aware that: "Any person who makes or causes to be made any knowingly false or fraudulent material statement or representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony."

Dated: March 7, 2019

Jonathan Shockley
Jonathan Shockley
Applicant/Employee Signature

Dated: March 12, 2019

B. K.
Applicant/Employee's Attorney

Dated: _____

Employer

Dated: _____

Insurer

Dated: _____

Employer's/Insurer's Attorney